2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # L0000002812 1. Entity Name MARISCAL PROPERTIES, LLC						90039 024 ***138	3.75	
Principal Place of Business 175 MANDALAY RD		Mailing Address 175 MANDALAY RD			600238	33		
PUNTA GORE	DA, FL 33950	PUNTA GORDA, FL 3395	50		# 63111 FOIR OFFIR GOIN OC	III Ce ith éa rth áideachtaint agus átaig fir	88 1 (0) (88 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 380639						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008	Chg-LLC	CR2E083 (12/06)		
City & Stat	6	Gity & State MURDOCK	(FL	4. FEI Numb	-	1 —₩	plied For t Applicable	
Zip	Country	739 38	Country	5. Certificate	of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	legistered Agent		
CACANON	A LUIC M.D.		Name					
CASANOVA, LUIS M.D. 175 MANDALAY RD PUNTA GORDA, FL 33950				Street Address (P.O. Box Number is Not Acceptable)				
	5.1.5.1.1.1.2 GGGGG							
			City			FL Zip Code)	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:)	Registered Agent signature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.79	5				e check payable to a Department of State	Đ.	
After May	7 1, 2008 Fee will be \$538.79 MANAGING MEMBE		10.			a Department of State	\$	
9.	MANAGING MEMBE		TITLE		Florida	a Department of State	Addition	
9. TITLE NAME	MANAGING MEMBER MGRM GARCIA, JOSE M.D.	ERS/MANAGERS	TITLE NAME	- .	Florida	Department of State		
9.	MANAGING MEMBE	ERS/MANAGERS	TITLE	×.	Florida	Department of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GARCIA, JOSE M.D. 175 MANDALAY RD	ERS/MANAGERS	TITLE NAME STREET ADDRESS	~.	Florida	a Department of State //CHANGES Change	☐ Addition	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE and typed or printed name of bigning managing member, manager, or authorized representative